

| POSITION                  | INITIALS | DO NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          | 15     | 5-11-01  |
| O.I.P.E. CLASSIFIER       | EN       | 5C-35  | 6/6      |
| FORMALITY REVIEW          | EN       | 5C-36  | 09/25/01 |
| RESPONSE FORMALITY REVIEW | PA       | 830    | 01/15/02 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ∕ ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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